

ease among others.

Although it is beyond the scope of medicine to bring about all these modifications, physicians must recognize and acknowledge that dissatisfied, overenergized women without rewarding outlets are candidates for development of emotional, mental and physical illnesses; that the men with whom they share their lives will feel the impact of these reactions and respond to them bodily or emotionally to their own detriment; that the pressures to which serious and ambitious men subject themselves can be lightened, and that the illnesses following in the wake of such stressful lives can be diminished by a reciprocal division between men and women of the obligations and responsibilities of a shared relationship. There exists presently a disequilibrium that requires correction. Any assistance on the part of the medical profession to restore the balance between the sexes can be regarded as a form of preventive medicine, and thus a contribution by physicians toward the improvement of the quality of life.

Refer to: Tausend H: The status of women, *In Medicine and the quality of life—A forum.* West J Med 125:160-162, Aug 1976

Biological Advances

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MY INTERESTS MOVE, perhaps predictably, to the more serious and less temporal aspects of the seven statements on quality of life in the July issue:

- The outlook for the future of science and quality of life beyond the step-by-step increased understanding of disease and
- The contributions and limitations of health related to quality of life.

That is not to say that such questions as an efficient system, reduction of the risks of modern medicine, ethical principles, basic rights, over-promise and a re-look at basic human needs are not important, indeed urgent, needs of our society.

Rather, I am puzzled about the impact of much more extension of life expectancy or freedom of disease on our aggregate sense of increased quality. For individual people the situation is quite different. Health, especially in later years, often almost entirely determines the quality of life for the individual person. Yet in a nation where the chances of long life and the prospect of increasing freedom from disease on the basis of current knowledge exists, the points raised in the articles by Cooper and by Dubos are most relevant.

Even more intriguing is the current question of the state of the art in the biological sciences. The conceptual implications of the DNA recombinant story may exceed any previous development in human history. Such giant strides in understanding (should this turn out to be the biggest of all) inevitably affect all aspects of subsequent life, including its quality.

Refer to: Marston RQ: Biological advances, *In Medicine and the quality of life—A forum.* West J Med 125:162, Aug 1976

Factors Outside the Province of Medicine

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AS HAS BEEN pointed out in the July issue, there is indeed an important role that medicine has played, and can and will continue to play, in improving the quality of life of all people. Medicine can well be proud of the degree to which dreaded infections of childhood and adulthood have been controlled or eliminated and of the removal of the awesome fear of childbirth that was prevalent in the early days of this country. Tuberculosis and syphilis are no longer the dreaded diseases they once were. Impressive improvements have been achieved in anesthesia, surgical techniques, postoperative care, and the treatment of the mentally ill. Outstanding advances have been made in achieving accurate diagnosis of disease through the use of sophisticated clinical, laboratory and radiological techniques. Training of paramedicals has extended and improved emergency medical care.

Along with the improvement in physical health of the population of the United States there is a diminished fear of illness and a greater sense of freedom from the threat of disease and disability. As a consequence there is a vastly improved quality of life. It is only reasonable to expect, if one can judge from the past, that there will be additional advances in the next century in prevention, and in treatment of illness that will contribute even more to the quality of life.

However, society will continue to pay a price for all advances as it has done in the past. The increased life expectancy has led to the need to support an enlarging senior population, with emotional and financial burdens for the rest of society and nursing homes for the elderly that so often detract from the quality of life to which they are supposed to contribute. Advances in medicine have contributed to the development of unrealistic expectations of doctors and to the malpractice mess now facing the public and the medical profession. People expect that there is a cure for every disease and a remedy for every symptom. In attempting to cater to these expectations, physicians may have unwittingly helped create a drug dependent society.

Unrealistic expectations from medicine have been accompanied by unrealistic expectations in other areas of life. There are humanistic but misinformed persons who insist that if poverty, racial prejudice and male chauvinism are eliminated there will be no mental illness. They seem to forget that poverty and prejudice are neither necessary for nor sufficient to produce mental illness. There are, for example, plenty of affluent citizens who suffer from the same disorders that the less fortunate do.

It seems that emphasis has shifted from helping individual persons adjust to society to having society adjust to its individual members, and it seems that social reform has to be justified on the basis of health reasons rather than for ethical, humanitarian or political reasons.

Poverty or prejudice now must be eliminated, not for ethical or humanitarian reasons but because they are bad for mental health. In order to permit women to take time off with pay during pregnancy, pregnancy had to be regarded as a disability putting it in the category of illness rather than a natural biologic event.

Another example of society adjusting to individual persons rather than expecting them to adjust to society is the recent ruling that instruction in elementary schools will have to be given in whatever language the pupils know—Spanish, Chinese or Arabic as the case may be. While the reasons for this are obvious it is a far cry from the expectation years ago, when there were mass